

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY070 Date of Visit: 12/10/24

Contractor Personnel on Site:

1. Patrick Brown 3. _____
2. _____ 4. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#'S, 17188,17213,17214,17128,17216,17217,
2. ASSET #'S,
3. G015,G013,4630,4631,4632,4658,4675,4681,483
4. 3,4834,4835,4836,4850,4851,4852,4864,4930,49
5. 33,4941,4985,4986,4989,4837,4862,4863,G014,4
854,4855

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 12/10/24

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: John Granata Date: 12/10/24

Signed: 

E-Mail: _____